



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	: 1761	Customer No. 035811
Examiner	:	
Serial No.	: 10/796,348	
Filed	: March 9, 2004	Docket No.: 1033-04
Inventors	: Jacques Veillon	
Title	: METHOD AND DEVICE FOR	Confirmation No.: 1980
	: PRESERVING PERISHABLE	
	: PRODUCTS	Dated: October 28, 2004

**Mail Stop Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**Certificate of Mailing Under 37 CFR 1.8**

For

Postcard

Check for \$268.00 (Fee for Additional Claims)  
Amendment Transmittal Letter, in duplicate  
Preliminary Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney  
or Registered Representative:

Piper Rudnick LLP  
Customer No. 35811

By: 

Date: 10/28/04



Attorney Docket No.: 1033-04

In re Application of Jacques Veillon

Serial No.: 10/796,348

Filed: March 9, 2004

For: METHOD AND DEVICE FOR PRESERVING PERISHABLE PRODUCTS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	30	-	** 20=	10
INDEP.	4	-	** 3=	1
___ First presentation of multiple dependent claim				

	ADD'L FEE
RATE	
x 9=	\$
x44=	\$
+150=	\$

OR

	ADD'L FEE
RATE	
x18=	\$180.00
x88=	\$ 88.00
+300=	\$

TOTAL ADDITIONAL FEE

\$0

OR

\$268.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

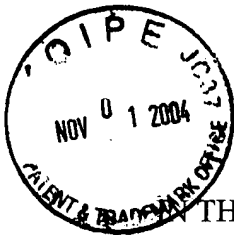
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$268.00 is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



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IFW

THE UNITED STATES PATENT AND TRADEMARK OFFICE

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: PRODUCTS

Dated: October 28, 2004

**PRELIMINARY AMENDMENT**

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Prior to an examination on the merits, please amend the present application as follows:

11/02/2004 YPOLITE1 00000003 10796348

01 FC:1202  
02 FC:1201

180.00 OP  
88.00 OP